

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-870)

SERIAL NO.

FILING DATE

APPLICANT/ET

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
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8						
9	1					
10		1				
11		1				
12		1				
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45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.	3					
TOTAL DEP.	21					
TOTAL						

61				
62				
63				
64				
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99				
100				
TOTAL IND.				
TOTAL DEP.				
TOTAL	12225	11525	12225	12225